

KENTUCKY BOARD OF NURSING
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**SUMMARY REPORT OF KENTUCKY BOARD OF NURSING ADVISORY OPINIONS
ON NURSING PRACTICE ISSUES**

July 1, 2003 – June 30, 2004

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The primary mission and purpose of the Board is to enforce public policy related to the safe and effective practice of nursing in the interest of public welfare. As a regulatory agency of state government, the Board of Nursing accomplishes this mission as authorized by Kentucky Revised Statutes (KRS) Chapter 314—The *KENTUCKY NURSING LAWS* and attendant administrative regulations. In accomplishing one aspect of the mission, the Board of Nursing issues advisory opinions on what constitutes the legal scope of nursing practice.

An opinion is not a regulation of the Board; it does not have the force and effect of law. Rather, an opinion is issued as a guidepost to licensees who wish to engage in safe nursing practice.

KRS 314.011(6) defines "registered nursing practice" as:

...The performance of acts requiring substantial specialized knowledge, judgment, and nursing skill based upon the principles of psychological, biological, physical, and social sciences in the application of the nursing process in:

- a) The care, counsel, and health teaching of the ill, injured or infirm.
- b) The maintenance of health or prevention of illness of others.
- c) The administration of medication and treatment as prescribed by a physician, physician assistant, dentist, or advanced registered nurse practitioner and as further authorized or limited by the board, and which are consistent either with American Nurses' Association Standards of Practice or with Standards of Practice established by nationally accepted organizations of registered nurses. Components of medication administration include, but are not limited to:
 - 1. Preparing and giving medication in the prescribed dosage, route, and frequency, including dispensing medications only as defined in subsection (17)(b) of this section;
 - 2. Observing, recording, and reporting desired effects, untoward reactions, and side effects of drug therapy;
 - 3. Intervening when emergency care is required as a result of drug therapy;
 - 4. Recognizing accepted prescribing limits and reporting deviations to the prescribing individual;
 - 5. Recognizing drug incompatibilities and reporting interactions or potential interactions to the prescribing individual; and
 - 6. Instructing an individual regarding medications.
- d) The supervision, teaching of, and delegation to other personnel in the performance of activities relating to nursing care.
- e) The performance of other nursing acts which are authorized or limited by the board, and which are consistent either with American Nurses' Association Standards of Practice or with Standards of Practice established by nationally accepted organizations of registered nurses.

KRS 314.011(10) defines "licensed practical nursing practice" as:

...The performance of acts requiring knowledge and skill such as are taught or acquired in approved schools for practical nursing in:

- a) The observing and caring for the ill, injured, or infirm under the direction of a registered nurse, a licensed physician, or dentist.
- b) The giving of counsel and applying procedures to safeguard life and health, as defined and authorized by the board.

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- c) The administration of medication or treatment as authorized by a physician, physician assistant, dentist, or advanced registered nurse practitioner and as further authorized or limited by the board which is consistent with the National Federation of Licensed Practical Nurses or with Standards of Practice established by nationally accepted organizations of licensed practical nurses.
- d) Teaching, supervising, and delegating except as limited by the board.
- e) The performance of other nursing acts which are authorized or limited by the board and which are consistent with the National Federation of Licensed Practical Nurses' Standards of Practice or with Standards of Practice established by nationally accepted organizations of licensed practical nurses.

KRS 314.021(2) states:

All individuals licensed under provisions of this chapter shall be responsible and accountable for making decisions that are based upon the individuals' educational preparation and experience in nursing and shall practice nursing with reasonable skill and safety.

KRS 314.021(2) imposes individual responsibility upon a nurse to undertake the performance of acts for which the nurse is educationally prepared and clinically competent to perform in a safe, effective manner. This section holds nurses individually responsible and accountable for rendering safe, effective nursing care to clients and for judgments exercised and actions taken in the course of providing care.

Acts that are within the permissible scope of practice for a given licensure level may be performed only by those licensees who personally possess the education and experience to perform those acts safely and competently. A nurse/licensee who doubts his/her personal competency to perform a requested act has an affirmative obligation to refuse to perform the act, and to inform his/her supervisor and the physician prescribing the act, if applicable, of his/her decision not to perform the act.

If a licensee accepts an assignment that the licensee believes is unsafe or for which the licensee is not educationally prepared, then the licensee also assumes the potential liability, which may occur as a result of the assignment. Others may equally or concurrently be responsible, accountable, and liable for a licensee's actions.

Nursing practice should be consistent with the *Kentucky Nursing Laws* and established standards of practice, and be evidenced based.

The Board has published "Scope of Practice Determination Guidelines" as a decision making model for an individual licensee to use in determining whether the performance of a specific act is within the scope of practice for which the individual is educationally prepared, clinically competent and licensed to perform. Individuals are encouraged to utilize the "Guidelines" in making decisions as to whether he/she should or should not perform a particular act. A copy may be obtained from the Board office, or on the Board's website at <http://kbn.ky.gov>.

The responsibilities which any nurse can safely accept are determined by the variables in each nursing practice setting. These variables include:

1. The nurse's own qualifications including:
 - a. basic prelicensure educational preparation;

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- b. knowledge and skills subsequently acquired through continuing education and practice;
and
- c. current clinical competence.
- 2. The "standard of care" which would be provided in similar circumstances by reasonable and prudent nurses who have similar training and experience.
- 3. The complexity and frequency of nursing care needed by a given client population.
- 4. The proximity of clients to personnel.
- 5. The qualifications and number of staff.
- 6. The accessible resources.
- 7. The established policies, procedures, standards of practice, and channels of communication which lend support to the types of nursing services offered.

To date, the Board has published thirty-three (33) advisory opinion statements, as listed on the "Kentucky Board of Nursing Publications" form and on the Board's web site at <http://kbn.ky.gov>.

Advisory opinion statements are developed and published when:

- 1. Multiple inquiries are received regarding a specific nursing procedure or act;
- 2. The Practice Committee determines that a specific nursing procedure or act has general applicability to nursing practice and warrants the development of an opinion statement; or
- 3. The Board directs that an opinion statement be developed.

When studying issues, the Board reviews and considers applicable standards of practice statements published by professional nursing organizations; the educational preparation of both registered and licensed practical nurses as provided in the prelicensure nursing education programs in the Commonwealth; and, when applicable, the organized post-basic educational programs for advanced registered nurse practitioners. The Board also gathers information regarding practice issues from nurses in relevant practice settings (including staff nurses, supervisors, nurse faculty members, etc.) and/or representatives from state nursing associations in the Commonwealth, among others. Further, the Board reviews applicable opinions issued by the Office of the Attorney General.

In addition to the thirty-three (33) advisory opinion statements published as of June 30, 2004, the Board has issued from July 1, 2003 to June 30, 2004, individual advisory opinions in response to inquiries on specific nursing practice situations, summarized as follows:

INSERTION OF A BRAVO PH CAPSULE BY REGISTERED NURSES (12/03)

In December 2003, the Board responded to an opinion request asking if the insertion of a "Bravo" pH Capsule is within the scope of registered nursing practice.

It was the advisory opinion of the Board that the placement of a "Bravo" pH Capsule is within the scope of registered nursing practice, for the registered nurse who possesses the requisite educational preparation and current clinical competence to perform the procedure in a safe, competent manner.

ROLES OF NURSES IN PSYCHOTHERAPY (12/03)

In December 2003, the Board responded to correspondence on registered nurses performing psychotherapy who are not educationally prepared at the Master's of Science in Nursing degree level.

The Board reaffirmed AOS #85-13 entitled "Psychiatric-Mental Health Nursing by Registered Nurses" and directed that information be published in the *KBN Connection*.

ROLES OF REGISTERED NURSES AND ARNP DESIGNATED NURSE PRACTITIONERS IN THE ADMINISTRATION OF PROPOFOL (DIPRIVAN) FOR PROCECURAL SEDATION (12/03, 4/04 and 8/04)

In December 2003 and April 2004, following consideration of various requests for an opinion on the role of the registered nurses and ARNPs (non-nurse anesthetists) in the administration of Propofol (Diprivan) for procedural sedation, the Board reaffirmed Advisory Opinion Statement #32 "Intravenous Administration of Medications for Conscious Sedation by Nurses." Further, the Board issued specific opinions related to this practice. In June 2004, the Board directed that a group of multidisciplinary providers be convened to study this matter further. As a result of the recommendations of this group, the Board (in August 2004) approved revisions to the Advisory Opinion Statement #32 "Intravenous Administration of Medications for Sedation by Nurses."

ADMINISTRATION OF ETOMIDATE, ETC., DURING RAPID SEQUENCE INTUBATION (12/03 and 8/04)

In December 2003, the Board responded to an opinion request on the role of registered nurses in the administration of Etomidate during rapid sequence intubation (RSI).

An opinion was issued and further revised in August 2004 as follows:

The administration of medications, such as Etomidate, Diprivan Injection, and neuromuscular blocker agents for rapid sequence intubation (RSI) is within the scope of registered nursing practice when:

- The administration of the medication is performed under the direct supervision/presence of the physician, or advanced registered nurse practitioner designated nurse anesthetist, who is performing the intubation.
- The nurse is educationally prepared and currently clinically competent to perform the act in a safe, competent manner. Documentation of the nurse's educational preparation and demonstrated clinical competence is maintained.
- The monitoring of the patient is according to accepted standards of practice for RSI and is performed according to the facility's established, written policies and procedures.

It is within the scope of registered nursing practice for a registered nurse, qualified by education and clinical competency, to administer medications such as Etomidate, Diprivan Injection, and neuromuscular blocker agents, as prescribed, during RSI in aero-medical settings independent of on-site medical supervision.

ROLES OF NURSES IN "TELEPHONE TRIAGE" (12/03)

In December 2003, the Board responded to an opinion request on the role of registered nurses, employed by home health agencies, in the use of telephone triage to assess patient needs.

It was the advisory opinion of the Board that it is within the scope of registered nursing practice for the nurse to consult with a patient via the telephone and provide telephone triage of the patient. The nurse should then consult with the patient's medical provider for follow-up and/or recommend that the patient seek emergency treatment as needed. It is not within the jurisdiction of the Board to determine if a nurse must make a home visit to assess a patient's needs. It is within the purview of the home health facility to establish policies and procedures

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governing this matter. The Cabinet for Health Services, Office of the Inspector General, Frankfort, Kentucky, should be contacted to obtain information on the requirements of the facility personnel to make home visits and contact medical providers for patient care orders. The telephone number is 502-564-2888.

PROCUREMENT OF MEDICATIONS BY NURSES IN A CORRECTIONAL FACILITY (02/04)

In February 2004, the Board responded to opinion requests asking if the implementation of the Kentucky Department of Corrections policy and procedure entitled “Emergency Medication Stock – January 12, 2004” is within the scope of nursing practice.

It was the advisory opinion of the Board that the implementation of the Kentucky Department of Corrections’ policy and procedure entitled “Emergency Medication Stock – January 12, 2004” is within the scope of nursing practice.

ADMINISTRATION OF MEDICATIONS VIA VARIOUS INJECTABLE ROUTES BY ARNPS (02/04)

In February 2004, the Board responded to an opinion request on the administration of Lidocaine and Depo-Medrol via various injection techniques by an advanced registered nurse practitioner (ARNP) designated nurse practitioner.

Following review of the statutes and the administrative regulation 201 KAR 20:057 governing the scope and standards of advanced registered nursing practice and the information provided in the request, it was the opinion of the Board that the ARNP designated nurse anesthetist is educationally prepared to administer Lidocaine and Depo-Medrol via epidural, LS spine, lumbar facet joint, thoracic facet joint, unilateral SI joint, and bilateral SI joint injections. The performance of these acts is not within the scope of the ARNP designated nurse practitioner holding family nurse practitioner certification, unless the ARNP has:

- Completed an established organized training program to prepare an individual to perform these acts and to interpret CT scans, prior to incorporating the performance of the acts into his/her scope of practice. The training program should also include a period of supervised clinical practice to develop the clinical competencies needed to perform the acts in a safe, effective manner.
- Documented evidence of current clinical competency in the performance of the acts. The competency validation should be performed and documented by a qualified supervisor/teacher.

GUIDELINES (PROTOCOL/STANDING ORDERS) FOR ORDERING PREOPERATIVE TESTS (04/04)

In April 2004, the Board responded to opinion requests on the roles of nurses in ordering preoperative tests using “protocols/standing orders,” including the following:

1. A request on the role of registered nurses in utilizing a facility’s established “Anesthesia Preoperative Testing Protocol Policy” and “Preop Orders” to order diagnostic tests for patients, based on the patient’s self-reported medical history and preanesthetic assessment.

It was the advisory opinion of the Board that it is within the jurisdiction of a health care facility to establish policy and procedure governing preadmission/preoperative patient diagnostic testing.

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Further, it was the opinion of the Board that it is within the scope of registered nursing practice for the registered nurse, qualified by education and demonstrated competency, to implement a medically approved protocol for preadmission/preoperative diagnostic testing such as the protocol included in the request.

2. A request on the role of registered nurse in utilizing “standing orders,” “physician protocols,” and “routine orders” for patients who are seen by the nurse for preadmission or preoperative evaluation. A sample of a facility’s “Anesthesia-Routine Orders” was included in the request and specific questions regarding its use were asked.

The Board advised that the terms “protocol,” and “standing or routine orders,” are not defined in the *Kentucky Nursing Laws* (KRS Chapter 314) and are often used differently in various health care settings. The terms may refer to orders approved by both the medical and nursing staff including patient care orders that are applied to all patients in a given situation, or specific pre-printed orders of a given physician/ARNP. The determination as to when and how “protocols and standing/routine orders” may be implemented by nurses is a matter for internal deliberation by the health care facility. The formulation of policies and procedures on the use of protocols and standing/routine orders is a decision of the employer, predicated on the experience and educational preparation of the licensees employed to implement the procedures, as well as upon nursing and medical standards of practice.

It was the advisory opinion of the Board that KRS Chapter 314 does not authorize a registered nurse or licensed practical nurse to render medical diagnosis or to prescribe a medical plan of care. Qualified advanced registered nurse practitioners however are authorized to perform these acts.

Qualified registered nurses may implement physician/ARNP standing/routine orders, including administration of medications, for treatment of select signs and/or symptoms following nursing assessment and nursing diagnosis. Standing orders should be written to reflect treatment of signs and symptoms, rather than a medical diagnosis and should include parameters for the nurse to refer and consult the physician/ARNP. In addition, the standing orders should be officially approved by the facility medical staff, or approved by the prescriber for the individual patient.

In June 2004, the Board approved revisions to Advisory Opinion Statement #14 “Roles of Nurses in the Implementation of Patient Care Orders” to include information on the use of protocols and standing/routine orders.

ADMINISTRATION OF MEDICATIONS VIA GASTROSTOMY TUBES BY UAP IN SCHOOLS (04/04)

In April 2004, the Board responded to an opinion request on the administration of medications via a gastrostomy tube by unlicensed assistive personnel (UAP) in schools.

Following review of the statutes, administrative regulations governing nursing practice, and the information provided in the request, the members approved a revision to Advisory Opinion Statement #15 “Roles of Nurses in the Supervision and Delegation of Nursing Acts to Unlicensed Personnel.” This revision reflected the opinion of the Board that nurses may, under certain conditions, delegate medication administration via gastrostomy tubes to UAP in school settings.

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ROLES AND RESPONSIBILITIES OF NURSES IN AN ACUTE CARE UNIT (04/04)

In April 2004, the Board responded to an opinion request on the roles and responsibilities of nurses in an acute care unit, as follows:

The primary mission of the Board is public protection and assuring the safe and effective practice of nursing. The Board has issued various advisory opinion statements (AOS) that guide nurses in the delivery of safe nursing practice. The statements are available on the Board's website at www.kbn.ky.gov. The statements most applicable to this question are:

- AOS #27 "Components of Licensed Practical Nursing Practice"
- AOS #19 "Accountability and Responsibility of Nurses for Patient Care Assignment and Nursing Care Delivery"
- AOS #24 "Patient Abandonment by Nurses"

Under KRS 314.011(10) defining licensed practical nursing practice, the licensed practical nurse provides care under the direction of a registered nurse, physician or dentist. The registered nurse is responsible for the direction provided to the licensed practical nurse and for directing the care of all patients on the unit.

AOS #19 provides guidelines on patient care assignments and should be utilized in determining a safe staffing plan for any unit.

EXPANSION OF THE SCOPE OF LICENSED PRACTICAL NURSING PRACTICE (04/04)

In April 2004, the Board responded to a letter expressing concern that the scope of licensed practical nursing practice should be expanded, and that provisions should be established to permit a licensed practical nurse to become a registered nurse.

In response, the Board also expressed concern that the scope of licensed practical nursing practice should be expanded, and within the past two years had established a Task Force to address this concern. One of the major outcomes of the Task Force's work lead the Board's action to expand the scope of licensed practical nursing practice in intravenous therapy practice. The Board has approved a new administrative regulation (201 KAR 20:490) governing this practice; however, the regulation must be filed with the Legislative Research Commission and be approved through the applicable governmental processes before the regulation can be implemented. It is anticipated that the regulation will be ready for implementation in the late summer or fall 2004. More information will be provided in the future editions of the Board's newsletter, the "KBN Connection," that is sent to all licensees in Kentucky.

The Board has issued an advisory opinion statement (AOS # 27) entitled "Components of Licensed Practical Nursing Practice." This provides information on the scope of licensed practical nursing practice in Kentucky.

In the letter, it was requested that a provision be established that permits a licensed practical nurse (LPN) to become a registered nurse. In response, information was provided that there are nursing programs, such as "bridge programs," in Kentucky that provide an opportunity for the educational mobility of an LPN to gain additional educational preparation and subsequently, take the RN licensure examination.

Clearly, the licensed practical nurse is a valuable provider of nursing care in the Commonwealth and the Board is committed to assuring the full utilization of licensed practical nurses in the delivery of safe nursing care to the public.

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The letter also referred to the practice of paramedics. Since the Board of Nursing does not regulate the scope of paramedic practice, the individual was referred to the Kentucky Board of Emergency Medical Services, Frankfort, Kentucky.

NURSE ADMINISTRATION OF VERSED (MIDAZOLAM) VIA A PHYSICIAN-PRESCRIBED PROTOCOL FOR TREATMENT OF TERMINAL RESTLESSNESS (06/04)

In June 2004, the Board responded to an opinion request on the nurse administration of Versed (Midazolam) via a physician-prescribed protocol for treatment of terminal restlessness.

It was the advisory opinion of the Board that the administration of Versed (Midazolam), as prescribed for terminal restlessness, is within the scope of nursing practice. The nurse who performs this act should be educationally prepared and currently clinically competent to perform the act in a safe, effective manner. The nurse's practice should be consistent with the *Kentucky Nursing Laws* and established standards of practice, and be evidence based.

ADMINISTRATION OF MEDICATION IN LIFE THREATENING SITUATIONS WITHOUT A MEDICAL ORDER (06/04)

In June 2004, the Board responded to an opinion request on the nurse administration of medication in life threatening situations without a medical order.

It was the advisory opinion of the Board that the administration of a legend medication without a valid prescription is not within the scope of nursing practice. The statutes defining registered nursing practice and licensed practical nursing practice authorize the administration of medication as prescribed, but do not authorize the nurse to prescribe medication.

The Board recognizes that emergency situations will arise that require the administration of legend medications and the necessary medication may not be prescribed or the nurse may be unable to contact the patient's medical provider for an order. When this occurs, the nurse should immediately inform the nurse's supervisor of the situation. The facility's Medical Director should also be contacted as needed.

In addition, health care facilities and medical providers should pre-plan for emergency situations. Protocols can be established that provide for safe care, including the administration of medication in an emergency situation. See AOS # 14 "Roles of Nurses in the Implementation of Patient Care Orders."

NURSES PERFORMING LASER HAIR REMOVAL (06/04)

In June 2004, the Board responded to an opinion request on nurses performing laser hair removal.

It was the advisory opinion of the Board that the performance of laser hair removal is within the scope of nursing practice for the nurse who possesses the requisite educational preparation and current clinical competency to perform the act in a safe effective manner. The act should be preformed under medical supervision. The nurse's practice should be consistent with the *Kentucky Nursing Laws* and established standards of practice, and be evidence based.

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ADMINISTRATION OF LOCAL ANESTHESIA TO DENTAL PATIENTS BY REGISTERED NURSES (06/04)

In June 2004, the Board responded to an opinion request on the administration of local anesthetics to dental patients by registered nurses.

It was the advisory opinion of the Board that the administration of local anesthesia to dental patients is within the scope of registered nursing practice for the nurse who possesses the requisite educational preparation and current clinical competency to perform the act in a safe effective manner. The nurse's practice should be consistent with the *Kentucky Nursing Laws* and established standards of practice, and be evidence based. The administration of Nitrous Oxide is not within the scope of registered nursing practice. A nurse who administers Nitrous Oxide must hold a Kentucky Board of Nursing advanced registered nurse practitioner (ARNP) registration with nurse anesthetist designation.

REVIEW OF NORMAL DIAGNOSTIC TEST RESULT REPORTS BY REGISTERED NURSES (06/04)

In June 2004, the Board responded to an opinion request on the review of normal diagnostic test result reports by registered nurses.

Following review of the statutes governing nursing practice and information from the Cabinet for Health and Family Services, it was the advisory opinion of the Board that a registered nurse may review and screen diagnostic test result reports to determine which reports to forward to the medical provider for review. In the request, it was suggested that the nurse would only forward the abnormal reports to the medical provider. Recognizing that in some situations normal findings may be as significant as abnormal findings, providers have a responsibility to establish which reports need to be reviewed. This could be established in written policies and procedures for the nurse to follow. The nurse's practice should be consistent with the *Kentucky Nursing Laws* and established standards of practice, and be evidence based.

The Cabinet for Health and Family Services advised that a health care facility, licensed as a special health clinic pursuant to 902 KAR 20:260, could establish the procedure referenced in the request as long as the clinic had a medical director that provided supervision and was responsible for the services provided by the facility.

ROLES OF REGISTERED NURSES IN READING X-RAYS TO CONFIRM PERIPHERALLY INSERTED CENTRAL CATHETER PLACEMENT (6/04)

In June 2004, the Board responded to an opinion request on the roles of registered nurses in reading x-rays to confirm peripherally inserted central catheter (PICC) placement.

It was the advisory opinion of the Board that it is within the scope of registered nursing practice for the registered nurse, qualified by specialized education and demonstrated competency, to provide a preliminary reading of a chest x-ray for determining placement of the proximal end of a PICC in the vena cava; authorizing the PICC for use; and reordering a chest x-ray, as needed. The nurse's practice should be consistent with the *Kentucky Nursing Laws* and established standards of practice, and be evidence based. This advisory opinion is specific to verifying catheter tip placement for a PICC and does not extend to interpretation of x-rays for other purposes. The radiologist would provide the final read and report.

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In a letter dated June 14, 2004, the Cabinet for Health and Family Services advised that the administrative regulations of the Cabinet, specifically 902 KAR 20:016, 902 KAR 100:115 and 902 KAR Chapter 105, would not prohibit a registered nurse from reading an x-ray or reordering one if needed, provided that the specific provisions of the licensure and regulation of facilities and services are followed.

All advisory opinion statements may be obtained from the Board office or from the KBN website <http://kbn.ky.gov>.

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